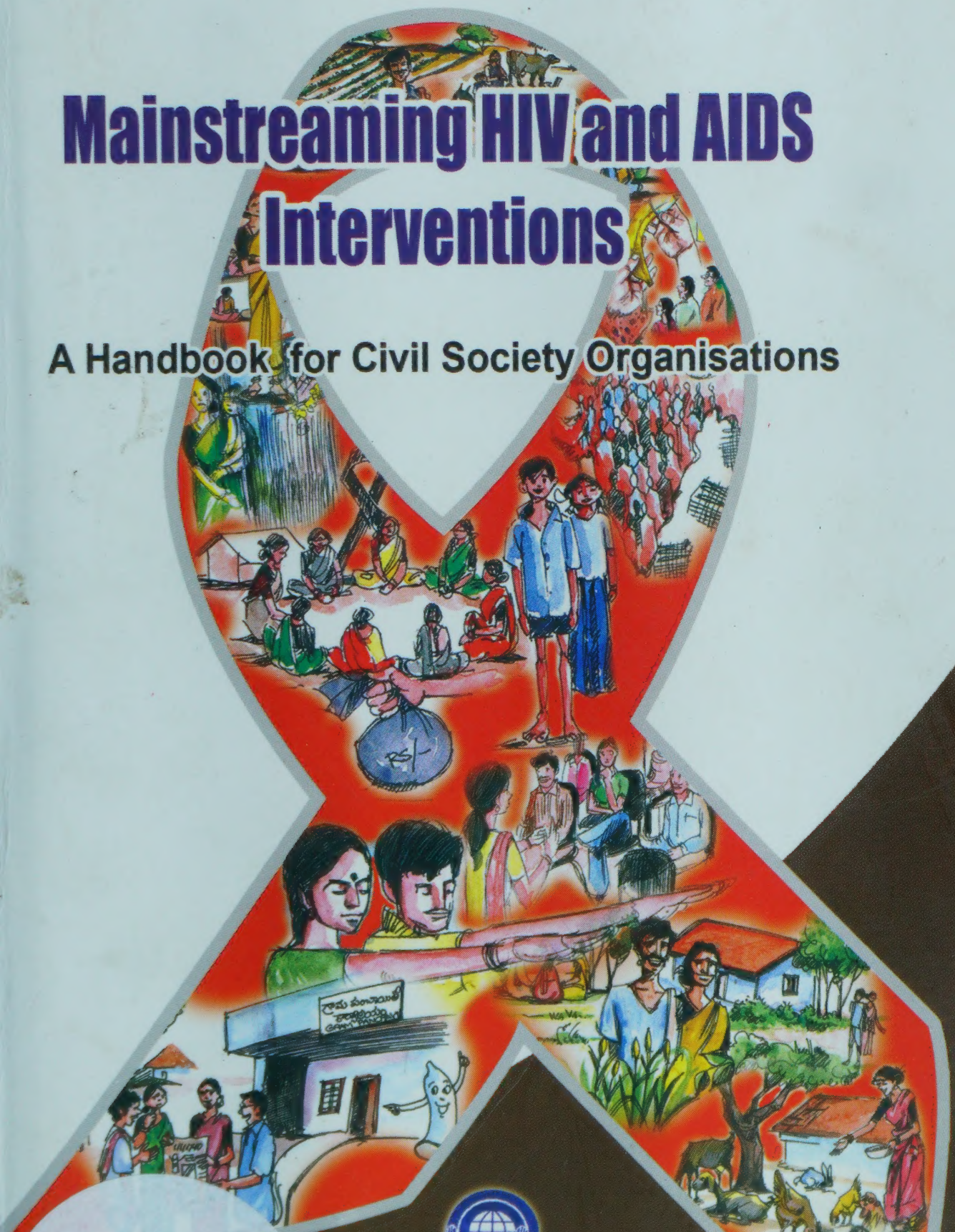
Mainstreaming HIV and AIDS Interventions

A Handbook for Civil Society Organisations



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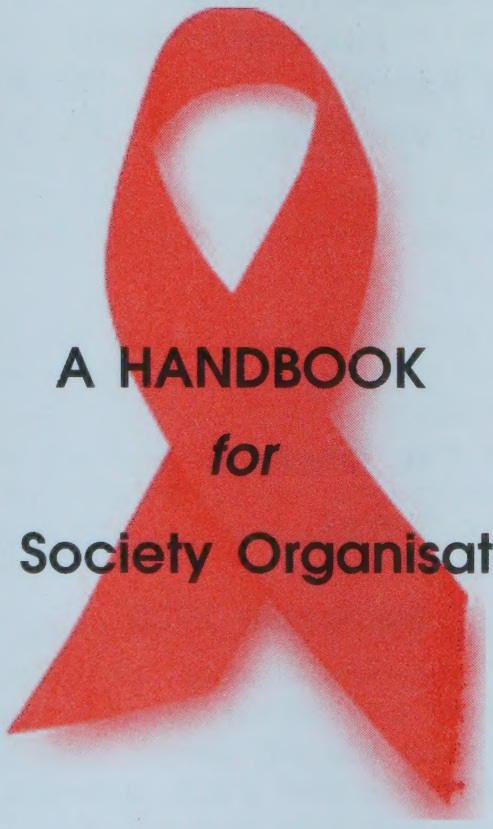

A HANDBOOK
for
Civil Society Organisations

HIV and AIDS: A Challenge to Development

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Preface

HIV and AIDS is not a mere health issue. In several parts of the world it is one of the major impediments to both people and nations in realizing their development goals and objectives. Hence health interventions alone cannot check and prevent HIV infection. It requires a concerted and collaborative effort from various stakeholders and actors – government, public, private and civil society organizations – through their different interventions. The growing realization and recognition globally that HIV is a development issue has led many countries to initiate efforts of mainstreaming HIV and AIDS in various sectors and at different levels.

However Mainstreaming HIV and AIDS is a relatively new and significant concept and there is still no clarity on what it entails and its importance, as there is insufficient experience on the issue, particularly in countries like India. In this context, it was felt necessary to bring out a handbook on mainstreaming HIV and AIDS for civil society organizations engaged in various development programmes.

The Centre for World Solidarity (CWS), a civil society organization has initiated a process towards "mainstreaming" HIV and AIDS in a modest, yet significant manner within the organization and in the constituencies it works with during the last couple of years. Based on this experience and learning, CWS has attempted to bring out this handbook to enable like-minded civil society organizations and professionals to carry forward mainstreaming HIV and AIDS agenda to combat the epidemic.

This handbook aims to provide clarity and guidance to stimulate appropriate action with a rights-based approach towards mainstreaming HIV and AIDS interventions. We hope that this handbook will be useful as reference material for civil society organizations in initiating mainstreaming HIV and AIDS interventions both within their organizations and in various development and humanitarian programmes, which would mitigate the impact of the epidemic in the country.

Secunderabad
6 September 2008

A.KALAMANI
Centre for World Solidarity

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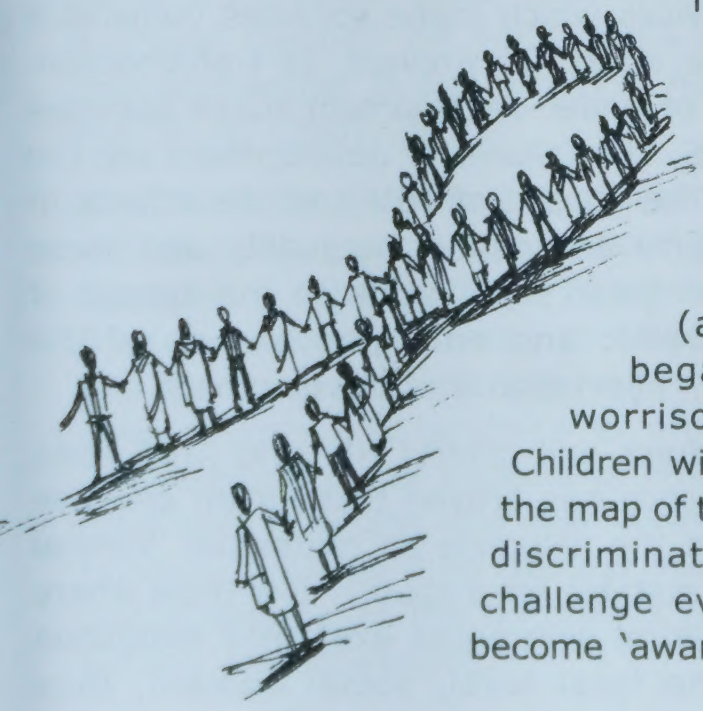
HIV Epidemic in India

The United Nations agency that coordinates global efforts to fight HIV estimated that there were 5.7 million people living with HIV (PLHIV) in India by the end of 2005. On the other hand, National AIDS Control Organization (NACO) has established an estimate of 5.2 million PLHIV, or roughly 0.9% of India's population. As per the revised estimates by NACO and the National Institute of Health and Family Welfare, the adult HIV prevalence in 2006 was estimated to be approximately 0.36 percent (0.27% to 0.47%) at the all India level. While this may seem a low rate, the actual number of PLHIV is remarkably high since India's population is vast. Estimated HIV prevalence is greater among males (0.43%) than among females (0.29%). This means for every 100 people living with HIV, 61 are men and 39 are women. Prevalence is also high in the 15-49 age group (88.7%) indicating that the productive age group of the society is infected and affected. The HIV prevalence among high risk behaviour groups continues to be nearly six to eight times greater than that among the general population. The infection among women (attending ante-natal clinics) began to show an increase with worrisome rapidity in some states. Children with HIV also began to feature on the map of the epidemic in India. Stigma and discrimination continue to be a central challenge even as more and more people become 'aware' of HIV.



HIV - A Development Issue

Each country begins as low-prevalence nation and hence action is needed at some point to contain and combat the spread of HIV infection. An early and appropriate action in low-prevalence countries is important. India responded to the epidemic immediately after the first ever AIDS case was reported in 1986. The national response encompassed the efforts of both the government and civil society. However, despite varied interventions to mitigate the epidemic, it has been steadily increasing and spreading. It has been addressed as a health issue but HIV and AIDS is not a mere health issue; its occurrence is influenced by a number of socio-economic elements that are related to development factors, as it has not affected all nations or all communities equally.

HIV flourishes in conditions of under-development: poverty, disempowerment, gender inequality, sexual violence, social exclusion and inadequate poor public services which make societies vulnerable to HIV infection and undermine efforts to prevent its transmission. Furthermore, the same factors of under-development make societies vulnerable to the impact of AIDS. The failures of development are the causes for the spread of HIV. The spread of HIV and the effects of AIDS are closely linked to poverty and gender inequality and these core development issues are of great significance to the spread of HIV. Today it is a global epidemic and emerging as one of the foremost challenges for poverty alleviation and development.

The greatest opportunity to address and control HIV and AIDS rests at the local level. Global experience has proven that for an effective response to HIV it is critical that the response be contextual. Vertical prevention programmes are not suitable for a country like India where significant socio-cultural and political differences exist. HIV mitigation efforts need addressing at the local level, social domain, thus requiring community participation. Decentralized planning and

mainstreaming are becoming crucial for a multi-sectoral response to HIV in India in recent years. This realization has encouraged a shift towards supporting local responses to HIV and AIDS, largely at the community level in order to undertake and strengthen the global fight against HIV.

HIV is not an issue to be addressed only by the specialists, doctors or scientists; it is an on going development issue to be addressed by development professionals and workers in their every day activities through the process of ***mainstreaming HIV and AIDS*** interventions in various development and humanitarian programmes. In recognition of this, United Nations General Assembly Special Session of 2001 made a Declaration of Commitment on HIV and AIDS that suggested countries to mainstream their HIV and AIDS response into the national development process, including poverty reduction strategies, budgeting instruments and sectoral programmes. Since then, in many countries efforts have been made by government and non-governmental actors to mainstream HIV and AIDS in different sectors and at different levels. In India, leadership for such response came from none other than the Prime Minister who heads the National Council on AIDS (NCA). The strategy which is called "mainstreaming" is also a part of National AIDS Control Programme – (NACP) III (2007-2012).

More recently, the concept of mainstreaming has shifted to a more institutional realm, encompassing both the internal and external domains of organizations. In other words, it is a matter of setting one's own house in order, to effectively strengthen the organization and its programmatic interventions. This requires making policy amendments and practice in order to reduce the organizational vulnerability to the impacts of HIV and AIDS, so as not to hamper progress. Over the last few years there has been a great deal of thinking and learning around mainstreaming, including a clearer understanding of the difference between integration activities and holistic mainstreaming.

HIV and AIDS Interventions

There are three types of HIV and AIDS interventions: direct, integrated and mainstreaming.

Direct HIV and AIDS Work

The work which directly focuses on preventing HIV or provides care, treatment, or support for those infected is ***direct HIV and AIDS work.*** It is work which is distinct, and implemented separately (e.g. targeted or focused interventions like project with truck drivers, sex workers, MSMs, IDUs etc). Direct HIV and AIDS work involve projects, which are stand-alone interventions.

Integrated HIV and AIDS Work

The work, implemented along with or as part of development and humanitarian work, with the focus still on direct prevention, care, treatment or support, is ***integrated HIV and AIDS work.*** Integrated work is undertaken within wider health, education and other development programmes. Addressing stigma and discrimination is an important component.

Mainstreaming HIV and AIDS Work

Mainstreaming is a process to analyze how HIV and AIDS can impact an organization and its various programmes, currently and in the future and to plan how best to mitigate these impacts based on the comparative advantage of each sector (to underline this effort in gender, youth, dalit, adivasi and minorities focussed programmes).

Current Definitions on Mainstreaming:

As per ***Health Economics and HIV/AIDS Research Division (HEARD) of the University of Natal*** (Republic of South Africa), *mainstreaming* is "the process of analyzing how HIV and AIDS impacts on all sectors now and in the future both internally and externally, to determine how each sector should respond based on its comparative advantage."

VSO - *Regional AIDS Initiative of Southern Africa* defines *mainstreaming* as "the concept of addressing HIV and AIDS both internally and externally in all sectors, at all levels, particularly where the pandemic might not ordinarily be addressed."

Sue Holden, Chief Executive of The Woodland Trust (UK) opines that *mainstreaming* consists (1) of making changes to the internal management of an organization with a view to limiting the impact of AIDS on the employees and their work, and (2) adapting external work in order to take account of the causes and consequences of AIDS.

UNAIDS has recently proposed the following working definition: *Mainstreaming* AIDS is a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, both through their usual work and within their workplace.

OXFAM identifies three areas of *mainstreaming;* at the workplace; in strategy and programming; and through links with focused interventions on HIV and AIDS.

Thus, as we see from the above, mainstreaming involves bringing the issues surrounding the pandemic into strategic significance through planning, into all day-to-day organizational operations and throughout its programmes and relationships with others.

What is meant by Mainstreaming HIV and AIDS Work?

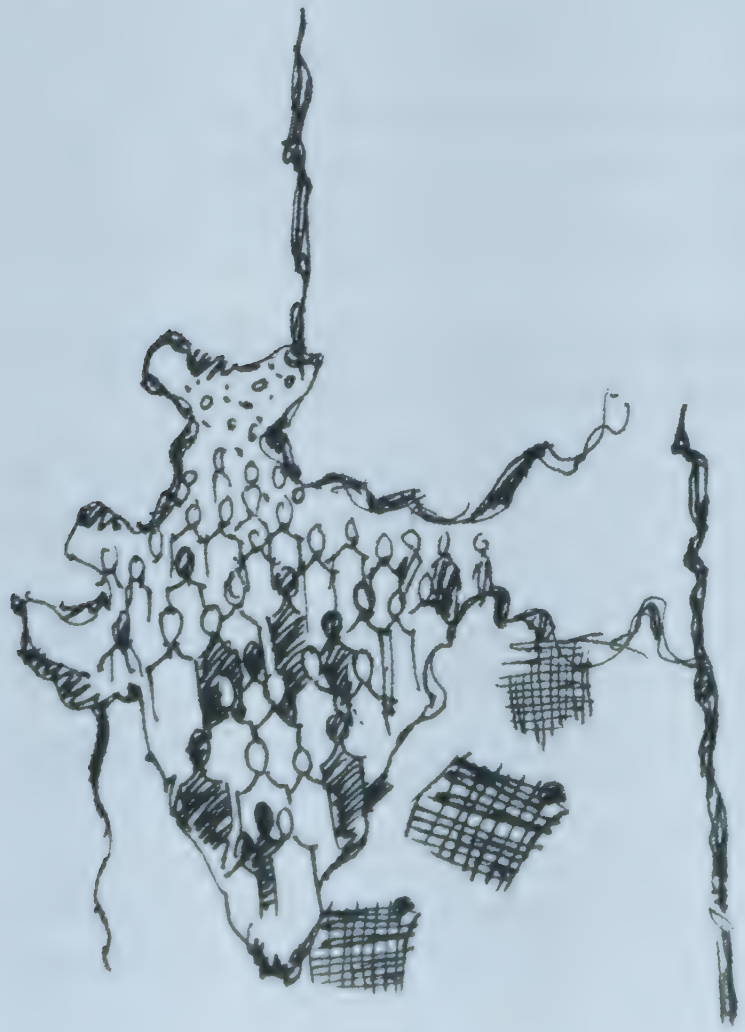
Mainstreaming HIV and AIDS work is:

* A process whereby a sector analyses the present and future impacts of HIV and AIDS while considering how sectoral policies, decisions and actions influence the long-term development of the epidemic and the sector
* A collective process of learning, engagement, action, experimentation and reflection
* Making development work responsive and relevant to the changes brought in by HIV and AIDS
* Addressing both the direct and indirect aspects of HIV and AIDS within the context of the normal functions of an organization or community
* Incorporating HIV and AIDS work into the core mandate of each sector and entity – consequently, mainstreaming may differ between education and agriculture, mining and the media. However, there are certain strategies and actions which are common to most sectors.
* Demonstrating timeliness, scale, inclusiveness, partnerships, innovation and responsiveness
* Reducing the impact of HIV and AIDS in each sector/programme and to establish linkages with various service providers
* Selectively addressing all the activities related to HIV and AIDS. For example, if it is women's empowerment, then the work is with women on increasing their treatment seeking behaviour,

enhancing their negotiation power etc and helping them to access the information and services. Creating and generating awareness on gender based violence and vulnerability to HIV will also be a prime focus. If it is a dalit programme, then the focus will be addressing their vulnerabilities through strengthening livelihood options and reducing migration.

* Implementing the core programme wearing a mainstreaming lens, be it women's empowerment or livelihoods or education. Through mainstreaming, HIV and AIDS become aligned with the core programme of the organization rather than an 'add-on'.

* Mainstreaming has to be two-fold: internal and external mainstreaming



Conditions Necessary for Mainstreaming

The initiative to mainstream HIV and AIDS could come from a variety of sources such as personal experience of staff, deliberations of a programme review, a directive from the head office, a funding opportunity or through the learning and advocacy of another organization.

Experience suggests that if the mainstreaming process is to succeed, it needs at least one champion; a person who is interested and driven by the concept, someone who is able and willing to learn about it, and to inspire others to be interested and involved. An initial strategy therefore, is to establish an informal group of like-minded people, in order to bring together the basic elements for a formal process of mainstreaming HIV and AIDS in the organization.

Listed below are some of the necessary conditions for mainstreaming HIV and AIDS:

1. Fairly high sense of commitment and political will from the management and senior/influential staff is a critical factor to kick start and sustain the mainstreaming process.
2. Identifying staff to function as a focal team and person/s to promote the mainstreaming process.
3. Helping key staff members to identify with the issue of HIV and AIDS and to understand the same in the context of poverty, gender and under-development.
4. Equipping and empowering key staff to act effectively in diverse conditions through building capacities and sensitisation programmes.

5. Influential staff members should encourage other staff since they need personal motivation and skills required to understand and promote the mainstreaming agenda.
6. Involve staff as active participants to develop a shared understanding and vision about what mainstreaming means.
7. Fostering a belief among staff that HIV and AIDS is relevant to the work of the organization and for themselves.
8. Involving people infected and affected by HIV and AIDS in planning, designing, implementing, and monitoring suitable adaptations to such work. This would also challenge social stigma prevalent in society. It would promote behavioural change.
9. Analysis in terms of various components could be helpful since there is no single approach to mainstreaming HIV and AIDS.
10. Addressing gender related issues throughout the process and ensuring that they are an integral component of the mainstreaming process.
11. Building alliances, linkages and establishing complementary partnerships with other organizations and individuals working on HIV and AIDS.
12. Making adequate funds available for a sustainable mainstreaming process.
13. Introducing appropriate changes both internally (within the organisation) and externally (along with the stakeholders) to monitor progress.

Key Steps in Mainstreaming Process

For the concept to seep in and get internalised there are some steps that are essential and necessarily to be undertaken by any organisation, like:

* Organize awareness and sensitization workshops for staff at all levels
* Identify HIV and AIDS focal team in the organization
* Internal audit of potential impact of HIV and AIDS within the organization
* Integrate an analysis of HIV and AIDS into the mainstreaming process in relation to the organizational vision and mission
* Outline the processes in a systematic manner with development indicators to build into the monitoring system
* Conduct discussions on various issues related to HIV and AIDS which are identified by the staff, in staff meetings and review meetings
* Prepare and display information posters at respective workplaces and appropriate public spaces
* Review workplace implications and policies on staff's health and modify procedures of finance planning as a measure of the Human Resources Development
* Conduct periodically research on the epidemic and its impact on the communities particularly women, dalits, adivasis and minorities, and responses from the community
* Enter into formal agreements with complementary agencies
* Regular monitoring of progress and follow up of mainstreaming interventions
* Modify existing programmes as appropriate or design a new programme/project as and when required

Internal Mainstreaming

Internal Mainstreaming means analyzing the impact of HIV and AIDS on the organization and its staff and planning for mitigating its impact. It involves the analysis of the impact not only in the present, but its implications in the future also. It also involves identifying and responding to individual, organizational and societal factors that are likely to increase the vulnerability to HIV infection for staff, their immediate family members and the community. It is about changing organizational policies and, practices in order to reduce the staff and organization's vulnerability to HIV infection and its impacts.

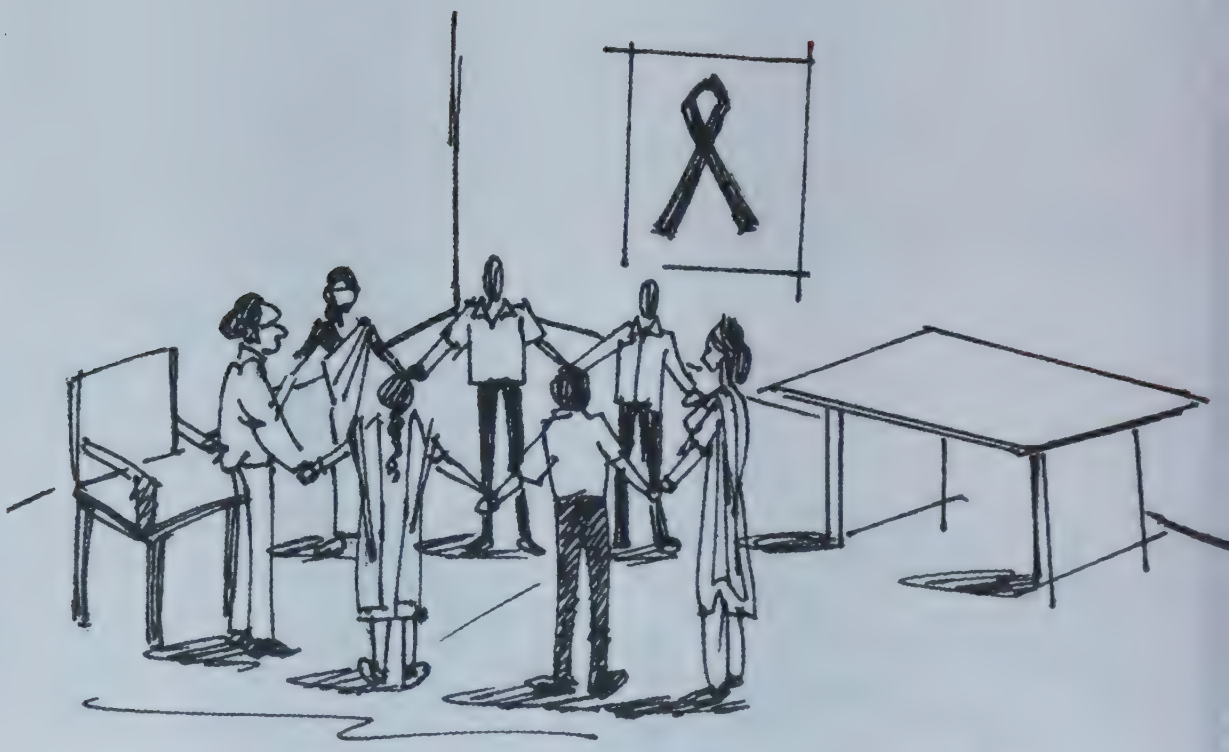
Important Aspects of Internal Mainstreaming

Awareness and Orientation

Awareness and sensitization of the staff and functionaries at all levels on the understanding of HIV and AIDS (transmission, prevention, risk situations, risk behaviours, progression from HIV to AIDS, positive living, managing one's health, rights of PLHIV etc.,) is necessary as a first step in helping to protect themselves and also to help them understand the organizational commitment to combat HIV and AIDS.

Teambuilding and Focal Point

The management of the organization must commit to generating an effective HIV and AIDS response and inspiring others to take a stand in addressing the epidemic. By recognizing the present and future challenges that the epidemic poses, the management should promote and support appropriate interventions. Creating and allocating funds for the development of **HIV and AIDS Focal Person or Team** within the organization is a prerequisite.



Prevention of HIV infection

- Regular discussions/meetings on HIV and AIDS related issues among all staff
- Peer education at various levels within the organization
- Dissemination of IEC materials on HIV and AIDS, and STI management to staff
- Prevention of HIV infection through the promotion of Behavioural Change Communication (BCC)
- Promotion of Voluntary Confidential Counseling and Testing (VCCT) through one-to-one staff counseling and referrals based on national legal framework and to practice guidelines (ILO code of practice on HIV and AIDS in the World of Work)
- Referral linkages with health facilities for STI management among staff
- Demonstrating proper usage of female and male condoms for all staff
- Making condoms available at the workplace

Provision of Treatment, Care and Support

* Provide HIV and AIDS counselling services to staff and their families
* Create health and workplace insurance to provide for ART
* Establish support groups for the staff living with HIV and their families
* Establish a support fund for affected families and orphans of the staff
* Initiate and promote annual/bi-annual/quarterly food, clothing and education help drives to support affected families and orphans of the staff

Budget and Financial Planning

* Projection of cost implications and the requirement of resources over 5 to 10 years anticipating employee absenteeism, illness and death, life insurance, demand on employee benefits, staff turnover, recruitment time and costs, implications on work, temporary cover for absent employees, etc.
* Budget allocation in all the programmes for HIV and AIDS interventions

Workplace Policy

A workplace HIV and AIDS policy should, by budget and capaci address issues of prevention, care, and mitigation. Th development of a policy should be coordinated by the HIV Focal Tea developed and implemented in line with national workplace policie The following Minimum Standards are intended to be the baseli from where the policy needs to be developed:

Minimum Standards of a Workplace Policy

* Recognize HIV and AIDS as a issue at the workplace
* Prohibit unfair and discriminative practices towards PLHIV i the workplace
* Provide for steps to assess and prevent the risk of exposur to HIV
* Create healthy and safe environment to reduce the risk i HIV transmission
* Allocate responsibilities for HIV and AIDS mainstreaming amon staff
* Provide for a communication strategy on aspects of HIV an AIDS mainstreaming
* Prohibit HIV testing without legal authorization and informe consent
* Promote Voluntary Counseling and Confidential Testing (VCCT
* Ensure confidentiality of employee's HIV status
* Provide for HIV education, awareness, prevention program and care & support
* Encourage openness and acceptance of PLHIV to reduce stigma and discrimination
* Make provision for monitoring and evaluating of the workplace policy
* Look at the gender implications for all of the above and make provision for addressing gender issues in the work environmen

An articulation of a workplace policy by any organisation should include the following:

Background that would include:

* A brief paragraph about the seriousness of HIV and AIDS and the risk it poses to the well-being of the community and social fabric of the country.
* A statement on the need to develop and implement comprehensive workplace policy and programmes to minimize the impact of HIV and set an example to the community of good practice in responding to the epidemic.
* A statement that the workplace programme complements the HIV and AIDS strategy of the different programmes of the organization.

Articulation of the Principles:

This section would have to set out the core principles of the approach to HIV and AIDS. These may include, but are not limited to:

* The principle of consultation with all the staff in developing and implementing the workplace policy.
* The principle of ensuring the same rights and responsibilities (non-discrimination) to staff living with HIV supported by the right to confidentiality regarding their HIV status.
* The principle that HIV testing will not be imposed on the staff and when it is done, it will be done only with consent and if tested positive, the process shall be accompanied with counseling.

Articulation of the Organisational Commitment:

* The commitment of making available necessary human an financial resources to develop and implement the Workplac Policy on HIV and AIDS.
* Each programme should spell out the budgetary allocations an mechanisms for expending them.
* The commitment of the management to effectively translat policy into practice.

External Mainstreaming

External mainstreaming is analyzing the impact of HIV and AIDS in the present and future on the various programmes and community and planning for mitigating the impact. It refers to adopting development programme work in order to take into account susceptibility to HIV transmission and vulnerability to the impacts of HIV and AIDS.

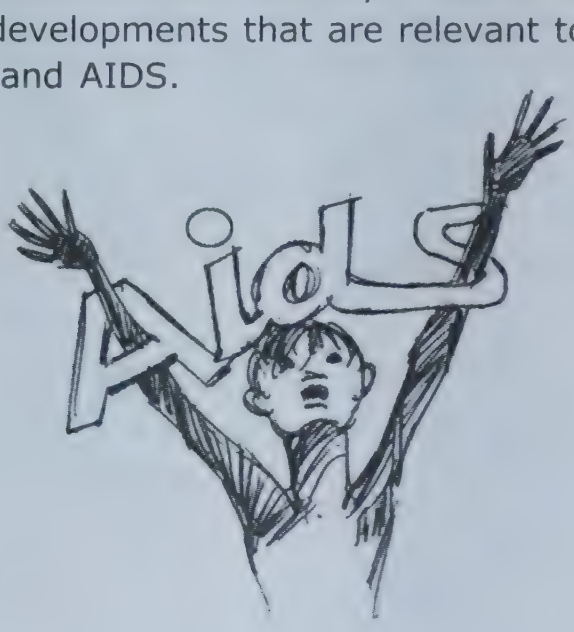
Important Aspects of External Mainstreaming

External Mainstreaming is:

* Not about initiating HIV and AIDS work directly or having other sectors take over the functions of the health sector. It is not concerned with completely changing the organizations' core functions and responsibilities, but rather viewing them from a different perspective and making appropriate alterations.
* Seeking to influence people who have not previously dealt with HIV and AIDS, and helping them to understand that illness and death due to this epidemic are indeed fundamentally important to whatever they do, be it agriculture, education, humanitarian response or other work. This entails a combination of attitude change and skills development, linked to a new approach to resource planning and allocation.
* A long term and continuous process in which organizations need to take steps to ensure that their core programme is relevant to the changes in societies and families brought about by HIV and AIDS.
* Building two streams of teams in the organization on management and technical aspects and efforts to minimize costs and ensure quality and timely support

* Creating linkages and relationships between HIV and AID focused interventions and work in other sectors (fundamenta to mainstreaming)
* Addressing HIV and AIDS at all stages of the cycle in a programmes, in terms of risks and opportunities with a specia focus on youth, elderly, physically challenged, women, childre and migrant population mainly dalits, adivasis and minorities
* Formulating programme objectives along with respectiv constituencies of communities, particularly those affected b chronic illness and death of young (potentially productive) adult
* Collaborating and networking with others working on HIV an AIDS and practicing advocacy and lobbying on related issues
* Establishing complementary partnerships with service provider and specialists to provide necessary services in HIV prevention care and treatment to the community
* Regular monitoring and assessment on the relevance of the activities and impact of the programme on those infected and affected by HIV and AIDS

External mainstreaming in sector-specific programmes should respond according to the respective sector. For example, agriculture production should retain its core activity while determining how to support agricultural developments that are relevant to people infected and affected by HIV and AIDS.



The impact of HIV and AIDS on agriculture and allied sectors and during disaster situations is given with possible strategies and interventions towards external mainstreaming as an example.

The role of individual, community, programme personnel and the Panchayati Raj Institutions in mainstreaming HIV and AIDS is also given to provide clarity on the concept and its application.

Agriculture and Allied Sectors

Impact of HIV and AIDS

* Impact on poor rural communities mainly women, dalits and adivasis most of whom are still dependant on agriculture and allied sectors are many and intertwined
* Impact becomes evident in situations like entrenched poverty, food insecurity and malnutrition; all of which result in a reduction of the labour force and loss of essential knowledge
* Rural people are more vulnerable to HIV infection due to reasons such as ignorance, lack of awareness on the issue, lack of access to preventive measures, vulnerability of rural women in matters of reproductive health, migration, etc.
* When a person is ill, less labour is available for agriculture and there is a reduction in the area of cultivation
* Reduction in time spent on soil and water conservation measures
* Poor timing of cropping operations leading to increase in fallow lands
* Increased dependency on common property resources
* Lack of sufficient time to take care of livestock and market the products
* Livestock are sold to buy medicines and food
* Decrease in livestock reduces bio-diversity, area of cultivation
* Burden on widows and orphaned children is more and they are left with minimal or no assets
* Caretaking responsibility for livestock assumed by the elderly and small children

* Death of spouse – widows may be denied access and inheritance to property and subsequent increase in poverty
* Survivors find it difficult to access conventional sources of assistance from extended services and credit agencies
* The persons infected and affected are psychologically disturbed, which directly affects their productive capacity
* The infected persons also suffer from self-stigmatization - that they start blaming themselves
* Increase in stigma and discrimination at large
* Drives women into prostitution in order to take care of the family responsibilities despite the risk involved of HIV infection.

Possible Mainstreaming Strategies for Sustainable Food Security and Livelihoods

* Helping to treat opportunistic infections associated with AIDS and boost the immune system of PLHIV
* Addressing gender specific vulnerabilities, needs and interests to reduce women's workload and check violence against women
* Ensuring home-based care and local health and community workers need to be trained to promote better care and food practices
* Protecting, promoting and supporting the livelihood needs of PLHIV and strengthen community based livelihoods support and care systems
* Enhancing labour saving practices and techniques to maintain soil and land productivity/capacity
* Livestock support to contribute in producing food, income and security which would help in caring for animals while staying at home
* Less emphasis on sheep and cattle and more on smaller livestock (rabbits or poultry) which are easier to care for, can be kept near the home, and fetch higher returns of food and cash
* Experimenting with hardy crops that need little maintenance, or give higher returns of nutritious food or cash income per unit of labour. Examples include herbs used for essential oils or perennial legumes
* Promoting local food/grain banks and system of local extension methods
* Promoting traditional crops by encouraging kitchen gardens & wild food plants (bush meat, nuts, leaves, roots, fruits for complementary diet and medicinal value), medicinal plants, and

community seed systems to ensure food security, nutrition and livelihoods

* Promoting alternate source of livelihoods with minor forest produce
* Recording/preserving current knowledge and promoting community knowledge networks
* Encouraging traditional healers to promote the use of indigenous knowledge

* Extension methodologies specially to identify and reach individuals and families infected and affected by HIV and AIDS who might otherwise be excluded
* Creating support groups for vulnerable groups
* Policy influencing to reduce poverty, migration and to ensure food and livelihood security particularly to women and marginalised communities of dalits, adivasis and minorities.

Disaster Situations

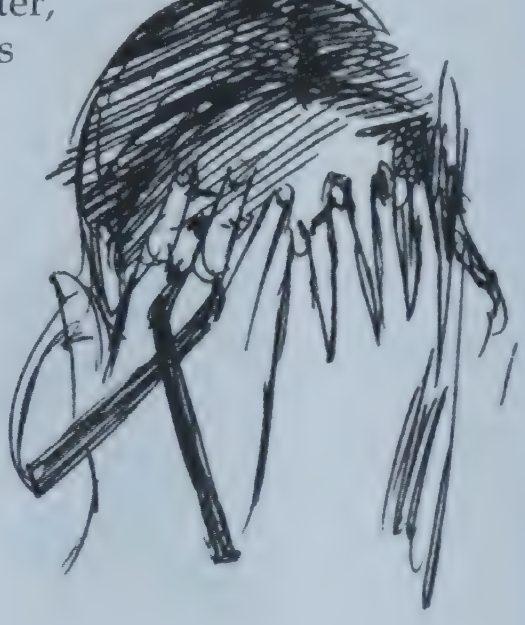
Impact of HIV and AIDS

Disaster situations to a great extent, increase communities' vulnerability to increased HIV infection for the following reasons:

* Inadequate availability of safe blood, shortage of clean injecting equipments and an insufficient supply of condoms and other immediate health care facilities
* Decreased or lack of access to health information and services, and unsafe medical practices in non-permanent settings
* Population displacement due to disaster may lead to disruption of HIV and AIDS prevention and care already in place. Such follow-up is also a major challenge
* Disaster relief efforts often fail to include attention to specific women's health needs. Pregnant women would lack adequate

obstetrical care, and may miscarry or deliver under extremel unsanitary conditions. Displaced women would frequently lac access to essentials such as contraception, undergarments an sanitary supplies.

* Mass displacement that leads to the break up of families an relocation into crowded camps where security of women an girls is rarely guaranteed. Women and girls who are physicall challenged are most vulnerable
* Breakdown of community structures, traditional social units system of support and increased interaction with the outsider
* Disruption of legal systems, e.g., protection of minors and redres of grievances
* Children deprived of mothers are exposed to a variety o vulnerable situations including increased household responsibilities and care taking responsibilities for younger siblings as well as early marriage.
* Loss of income, livelihood, shelter, food, water, health care, savings and education, etc.
* In the chaos and social breakdown that accompany natural disaster, women and girl children particularly become vulnerable to all kinds of abuse, including sexual abuse
* Increased powerlessness leading to emergence of norms of sexual predation and violence



* Women, due to their caretaking responsibility, are not free to relocate in search of work. As a result they are vulnerable to impoverishment, forced marriage, labour exploitation and trafficking.
* Man-made disasters give rise to increasing crimes against women, such as, rapes, forced intercourse, sexual assaults (against both women and children), intimidation, adultery, incidents of molests, etc.,
* Severe impoverishment that often leaves women and girls in a vulnerable position where they are compelled to resort to barter their bodies for survival thereby leaving a painful and traumatic impact on the minds of victims.

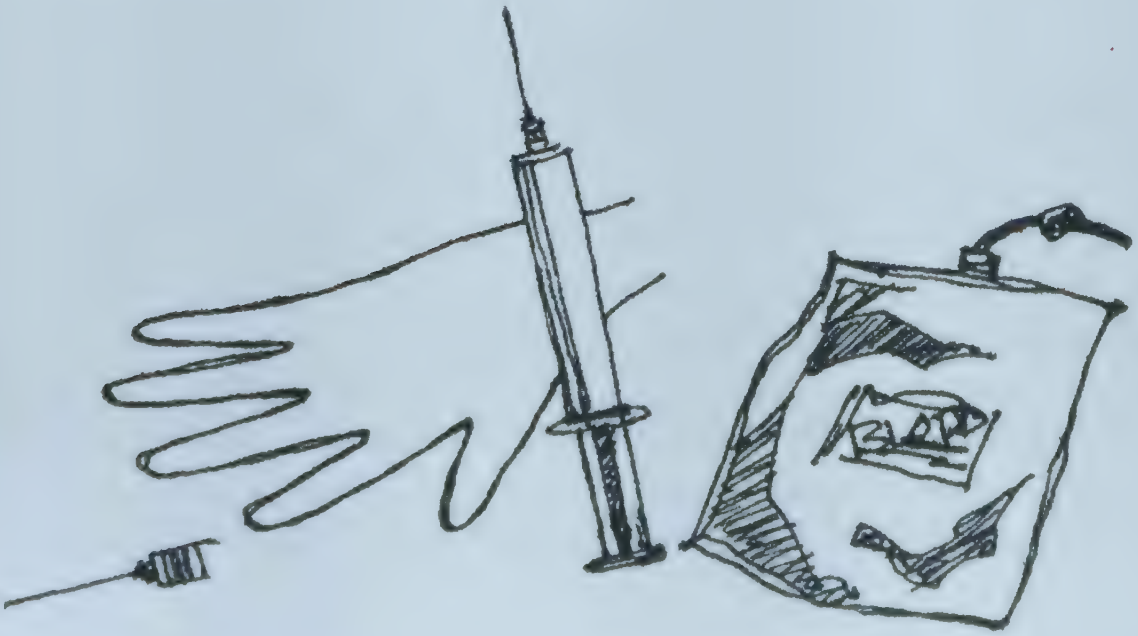
* Government compensation for loss often completely exclud women since men are naturally and officially recognised as hea of households. Women headed households, especially widow are rarely included in the village census.
* Disruption of sexual networks results not only in increasin vulnerability to HIV infection but also contributes to increase transmission of sexually transmitted infections (STIs) throug lack of condoms and health services
* More access for men to alcohol as a palliative to grief and turnin to sex for comfort
* Wives in their grief are often unable to provide sexua gratification which leads men to seek extramarital partners
* Increased malnutrition may increase the health impact on PLHI
* Decreased access to knowledge and means to prevent HI transmission
* Absence of overall authority responsible for long-term HIV an AIDS programmes in displaced populations
* HIV interventions temporarily stop or slow down due to th immediate response to relief – food, water, shelter. Lack of acces to health services, social instability and focus on relief measure sideline HIV services even when some of the areas are know to have HIV prevalence
* Relief organizations normally do not understand the sexual an reproductive health needs of the men and women caught in th disaster situation. For example, sanitary pads and condoms ar generally not part of relief package. Health camps also generall do not give specific importance to menstrual hygiene and HI prevention in the initial stages of relief.

Possible Strategies for Mainstreaming HIV and AIDS into Humanitarian Programmes

* Lay down policies and practices that protect staff from vulnerability to HIV infection
* Staff capacity building on "mainstreaming" HIV and AIDS into their respective focus areas during disasters and hire additional staff to provide HIV and AIDS leadership
* HIV vulnerability mapping and formulating appropriate strategies to mitigate HIV
* Agencies must ensure that their activities do not increase the vulnerability of the communities to STI and HIV or undermine their options for coping with the effects
* Humanitarian organizations must ensure that those infected and affected by the epidemic are included and are able to benefit from their relief activities

* Collaborate with ongoing projects/programmes an interventions of government on HIV.
* Concerted efforts to facilitate the reconstruction of rura livelihoods to ward off the acute threats of hunger and economi destitution to prevent the spread of HIV
* Emergency operations and rehabilitation interventions shoul pay special attention to the economic and psychosocial needs o households affected
* The reconstruction period should be seen as an opportunity t implement innovative development programmes to empowe the different communities affected by the disaster, while als promoting initiatives that address the social, economic an gender-related underpinnings of killer diseases and thereb contribute to their prevention. Special attention should be give to marginalised communities such as dalits, adivasis an minorities
* Food security to reduce HIV vulnerability of separated children, single women and women-headed households, dalits and adivasi communities
* Support for the re-establishment of information systems
* Timed and targeted Behaviour Change Communication programmes for specific vulnerable groups
* Consulting with the directly and indirectly affected communities, particularly local women leaders and organizations

* Design refugee camp layout so as to reduce physical risks for women and girls
* Separate bath/toilet facilities and partitions in shared sleeping arrangements
* Child protection and prevention from gender-based violence to reduce HIV vulnerability
* Distribute essential goods in ways that minimize sexual dependence of women and girls upon others
* Ensuring women's physical safety in post-crisis situations and working towards curbing different forms of violence, including rape, by creating safe spaces and facilities for women and means of legal redress systems.
* In quick-onset emergencies, ensuring identification and symptomatic treatment of sexually transmitted infections
* Use of personal protective equipment (gloves, sterile needles/ syringes, alcohol swabs, seatbelts) by staff/partners and ensure the availability of safe blood for transfusion.



* Schools must be relocated and rebuilt quickly, and wome trained to be teachers, to enable girls who are alread disproportionately deprived of education, not to fall behin Similarly, temporary housing must offer access to education.
* Agencies must make special efforts to address the specific healt needs of women in disaster situations. Psychological counselin for post-traumatic stress must be available to women and girl as they cope with the loss of children and immediate famil members, and the ongoing challenges created by the disaster.
* Relief efforts must include long term income generating project and/or jobs for women whose livelihoods and/or key provider have been lost, so they may provide for themselves and thei families. Efforts to revive traditional livelihood options mus be promoted.
* In addition to providing safe temporary housing, permanen housing and land rights must be secured for displaced women
* Both long and short term reconstruction plans and efforts mus include women's inputs, and their leadership should be encouraged. These efforts can both protect and advance the rights of women.
* Conduct awareness campaigns targeting population groups a higher risk of HIV infection and provide access to condoms treatment for sexually transmitted infections
* Train NGOs/ CBOs working on recovery and rehabilitation to mainstream HIV prevention and counseling issues
* Ensure mainstreaming of anti-trafficking and HIV initiatives into disaster recovery plans which is crucial
* Necessary interventions with the migrant population (maintaining a roster of their movements, ensuring medical assistance, creating awareness on HIV and AIDS) who come to help in rebuilding damaged infrastructure and buildings

* Sexually Transmitted Infections (STI), HIV, and A programmes should be incorporated in all health projects fr day one of recovery efforts. This should be introduced int comprehensive health programme (basic health and reproducti health)
* Separate counseling camps for HIV-infected persons wil stigmatize them and hence including the counseling in the genera health camps while ensuring privacy and confidentiality
* Strengthening mothers' groups, child protection groups and children's parliaments as well as increased networking with these groups through relevant government departments who are dealing with women and child development, health, or education will decrease vulnerability. Awareness, knowledge and confidence building helps prevent HIV and AIDS and trafficking of women and children.

While the above are steps to be taken at an organizational level for mainstreaming, there are several players like the individuals themselves, the community and the local level institutions who could play a major role in any mainstreaming process. These are:

Individual Actions

* Being well informed about HIV and AIDS
* Changing risky behaviour
* Avoiding alcohol and abstaining from injecting drugs
* Seeking prompt treatment of STIs
* Knowing one's own HIV status
* Safe practices during pregnancy, birth and breast feeding
* Safeguarding oneself from opportunistic infections

Community Actions

* Reducing poverty
* Empowering women and marginalised sections such as dalits, adivasis and minorities socially and economically
* Changing stigmatizing attitudes towards PLHIV
* Improving health services and information services
* Promote support groups for PLHIV within the community

Role of Programme Personnel

* Provide specialist information about the HIV and AIDS to the communities
* Provide information on alternate livelihoods and food security to the communities specially to address the vulnerabilities of women, dalits, adivasis and minorities
* Support and develop the capacity of CBOs and facilitate interface between NGOs/GO
* Ensure community's response towards the needs arising out of HIV and AIDS
* Project interventions to consider appropriate ways and means of providing the above
* Ensure that the traditional knowledge and skills are preserved & transferred
* Capacity building of formal and informal rural institutions
* Address the issues related to gender inequality and social exclusion
* Influence relevant policies at various levels

Role of Panchayati Raj Institutions

The Panchayati Raj Institutions (PRIs) can only succeed at confronting HIV epidemic by working closely with all levels of government as well as collaborating with partners in civil society that are fighting the epidemic at the community level. PRIs could take up the following measures to address HIV and AIDS issues both through ***mainstreaming*** as well as ***developing partnerships*** with external organizations:

District or Zilla Panchayats

* District or Zilla Panchayats have many strategic advantages which will enable them to influence the HIV programmes at the district level and thus make a difference to the HIV situation in the country at the grassroots level. They can make significant differences in the AIDS response by influencing district development plans to ensure HIV related activities are included and appropriate budgets allocated and allocating their own funds to the response. They can also advocate with heads of various departments to introduce systems that can help reduce stigma and discrimination and provide relevant information and referrals to communities
* Hold district level conferences on HIV in association with State Aids Control Society (SACS), other departments and civil society organizations and update the political leadership with new information regarding HIV prevention and care

* Ensure with local hospitals and parks to ensure a system and service for safe disposal of needles and effective waste management
* Motivate respective road and transport departments for condom distribution and prevention messages and services along public bus routes and at bus depots (for drivers, truckers)
* The District or Zilla Panchayats should play the role of a watchdog agency in curbing trafficking of women and children. The active involvement of institutions like these will result in relief to families of vulnerable victims
* Ensure a fight against stigma through people friendly legislation, advocacy, and safe environment and awareness campaigns

* Develop **partnerships** with civil society organizations and other levels of government and departments for resources to combat HIV and AIDS
* *Public Stakeholder Meetings* for voicing community priorities and updating communities on decisions and strategies. (These should be well-publicized open events and welcoming to PLHIV, women, youth and other vulnerable groups - encourage PLHIV as peer educators and change makers)
* Promote *Volunteerism* in large events like HIV and AIDS Awareness Days
* Ensuring inclusiveness and meaningful involvement of PLHIV by nominating them as members of the Committees at District/ Mandal or Block /Village levels

Mandal (Block) and Village Gram Panchayats

* Gram Panchayats should carry out awareness campaign through gram sabhas on HIV prevention. Block or Mandal Panchayats should identify facilities where counseling, care and support can be carried out and with the support of District or Zilla Panchayats ensure that specified facilities have availability of experts/ diagnostic equipment/ counseling facilities etc.
* Conduct a special Gram Sabha on HIV and AIDS in every village on 1 December of every year with an appropriate follow up

plan - so that it does not remain as one time event

* Village communities need to be encouraged to form villag health committees to address the need of all sections and shoul represent all sections including women, youth, ANMs an Anganwadi workers
* Ensure that all health workers have adequate information o infrastructure and services available related to HIV and AIDS
* Promote inter-faith dialogue with community leaders (religious groups and CBOs) and NGOs for collaborative HIV and AIDS responses
* Promote and integrate HIV and AIDS awareness activities into various ongoing community driven poverty-alleviation activities
* Include HIV and AIDS awareness training in school curriculum
* Create and set up an education fund for children infected and affected by HIV and AIDS
* Support micro-credit and insurance programmes for PLHIV

* Identify and assist in meeting the unforeseen needs that may result from HIV and AIDS (e.g., place for burial, shelter for HIV infected and affected orphans, support for women and child-headed households etc)
* Identify families affected by HIV and AIDS and provide additional subsidies
* Introduce the use of less-labour intensive farming technologies for families infected and affected by HIV and AIDS
* Ensure that the range of services (VCCTC, access to treatment, home based care, care for children and orphans, etc.) is offered in a consistent and logical manner
* Gram Panchayats should sort out any problems, which the PLHIV may be facing in accessing services wherever necessary with the help of Mandal Panchayat
* Keep a database of information on available service providers at the district, mandal (block) and village levels
* Develop a system of communication among service providers (within and outside of the PRIs). For example, someone who goes for testing, and is found positive, should be directed into a program where they have access to counseling and referrals to clinics for treatment of opportunistic infections. They should also be put in contact with local CSOs or departments or institutions that can provide care and guidance, and also help them access any welfare support
* Identify opportunities for involvement of PLHIV as peer educators, speakers, campaign volunteers, caretakers, counselors, advisors on specialized areas, training, policy formulation, disseminators of information or services
* Involve 'Positive Speakers' in sensitization programs that help to garner support for HIV positive persons in the community

* Ensure support to those infected and affected by the epidem particularly women and children, and those who are very sic or old or isolated socially or geographically through targete welfare schemes and development programmes

In conclusion, mainstreaming HIV and AIDS into organisations an at different levels of established institutions would help i comprehensively combating the epidemic from the face of the earth

Mainstreaming HIV and AIDS Initiatives by CWS Partners

SWARD, Medak District, Andhra Pradesh

- A Fresh Lease of Life Takes Him Back to His Soil
- Small Step Towards Self-reliance
- Education Keeps Her Going
- Alternative Livelihood is Possible
- SHG – the Guiding Spirit Once Again

REDS, Anantapur District, Andhra Pradesh

- Sold, Infected – Yet Braving it Through
- Bopanna Continues His Education
- Escape from Prostitution

Jana Jaagriti, Anantapur District, Andhra Pradesh

- PRIs Take Responsibility

MARI, Warangal District, Andhra Pradesh

- Mainstreaming HIV and AIDS through PRIs

SHARP, Chittoor District, Andhra Pradesh

- Panchayat Action and Support

ISWO, Dhenkanal District, Orissa

- A New Lease of Life

(Names of the PLHIV have been changed to protect their identities. Photographs of PLHIV have been taken and published with their consent)

A Fresh Lease of Life Takes Him Back to His Soil...

Forty year old Babu hails from a small village, Ramancha in Medak district of Andhra Pradesh. He lives there with his wife, four school-going children and an aged mother. Babu is a small farmer with a landholding of four acres which he himself tills to sustain the family. His wife takes care of the household chores. They were a happy family leading their simple and peaceful life, till suddenly Babu started falling sick frequently. His health started deteriorating rapidly and he developed skin allergies. To his horror, Babu was tested as HIV positive. His wife however when tested was found to be negative.

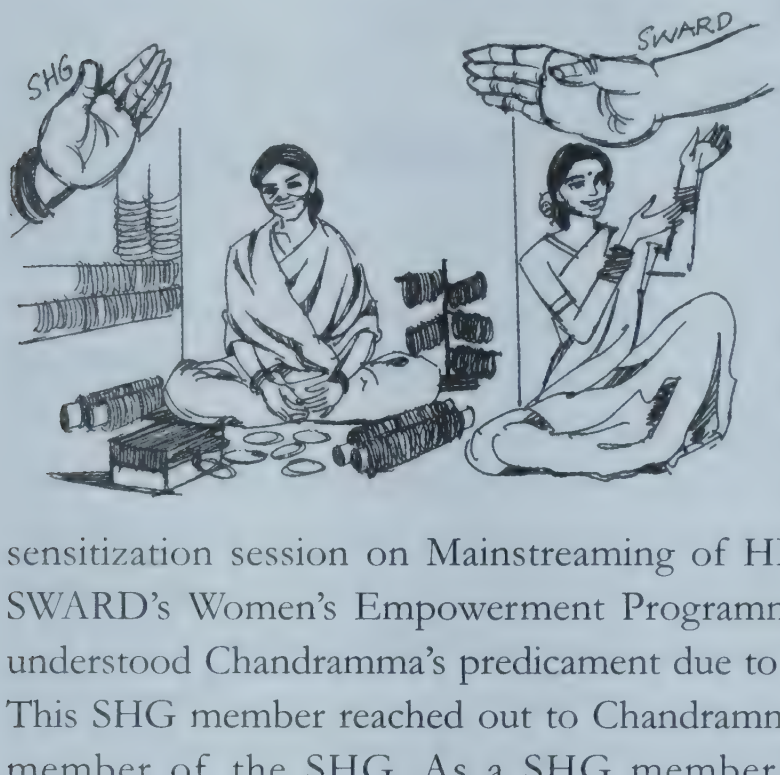
Babu on learning of his HIV status, started withdrawing and isolating himself from rest of the family. Due to the stigma that he imposed on himself he gradually gave up working and moving out of the house. He even stopped having his proper meals. He was scared that people would ostracize him if they come to know of his HIV status. He spent his time either sitting or sleeping in a corner of the house, without conversing or even eye contact with members of the family. As he had stopped working, there was no cultivation on the land and therefore this created severe financial constraints, which forced him to pledge his property to sustain the family.

It was in this dire state of Babu's that he was referred to the Counseling Centre of the Women Empowerment Programme of SWARD by a RMP, who had been sensitized by SWARD on HIV and AIDS related issues. SWARD arranged home-based counseling for Babu and his wife on a regular basis and referred him to the PHC for treatment of opportunistic infections. The regular counseling by SWARD helped Babu to regain confidence and the NGO also supported him with a loan of Rs.3000/- so

that he could purchase goats and make a living out of it. Babu was able to repay within the stipulated time and he took another loan of Rs.5000/- to purchase a milch cattle as this was less labour-intensive than working on the field. SWARD also motivated him to take up cultivation that was not so labour-intensive. With this assistance and guidance, Babu was once again able to cultivate his land with the help of his family members. He chose to grow vegetables, sunflower etc as these crops were less labour-intensive. This brought a new dawn into the lives of Babu and his family, who are now happy and look forward to Babu's new lease for leading a healthy life.

"Small" Step Towards Self-reliance.....

Chandramma, a forty-five year old widow from village Chandullapur is mother of four daughters. The older two girls were married before he husband died as a result of AIDS. She lives with the two younger daughter Chandramma is HIV positive and her family and neighbours are not awar of her status. Her husband was a bangle-seller who uses to sell his wares i



front of a temple durin festivals and durin marriages. When h succumbed to HIV an AIDS, Chandramma di not have any source o livelihood. It was thanks t one of the SHG member who had the opportunit of participating in sensitization session on Mainstreaming of HIV and AIDS organized b SWARD's Women's Empowerment Programme, who was sensitized and understood Chandramma's predicament due to she being a positive person This SHG member reached out to Chandramma and helped her become member of the SHG. As a SHG member, she was given a loan o Rs.3000/- to set up a small shop. After eight months, she got additional loan of Rs 3,000/- from SWARD, to expand her enterprise as she had now purchased a shop in the village Komervalli, where a fair is held biannually where she now sells bangles. Her daughters are a part of the Adolescent Forum where they receive training on various issues including HIV and AIDS Chandramma is now self-reliant as she earns through her "small" shop and is leading her life with renewed confidence.

'Education Keeps Her Going'

Seventeen year old Kamala was a child bride at the age of fourteen. She hails from Chandullapur village of Siddipet Mandal in Medak district of Andhra Pradesh Kamala had looked forward to a happy married life with her husband and that she would have children and they would lead a happy life together. It was only three months since her marriage, when her husband fell ill with continuous fever. As the fever was not letting up, he was taken to the hospital where various tests were conducted, including the test for HIV and he was tested HIV positive. As is common knowledge and nothing surprising that Kamala's in-laws blamed her for her husband's HIV status and she was sent her back to her maternal home. The child bride Kamala was deeply distressed at the turn of events, and she was completely devastated when she found that she too had tested positive after six months. Having been virtually thrown out by her in-laws, now her parents too were reluctant to keep Kamala at home, as they feared social ostracism. Therefore they started discriminating against her.

Kamala was in a state of desperation, living a life of agony, when she came in contact with Prema, a member of an SHG promoted by an NGO called SWARD. As part of mainstreaming HIV and AIDS, the organization had trained and built awareness and sensitivity among their SHG members on HIV and AIDS, as a part of their Women's Empowerment Programme. This infact had helped Prema to deal with Kamala sensitively. Prema provided emotional support to Kamala and gradually persuaded her to visit the Counseling Center of SWARD, which was set up to support women survivors of violence and abuse.

Kamala's emotional and mental status was very fragile and she was going through intense trauma, so she was provided shelter in the Child Care Center

of SWARD. After regular counseling for ten days, Kamala slowly recovered from her depression and started developing her self-confidence to make her life more meaningful. She expressed the desire to study further and appear for the Tenth Grade Board Examination. It was already late for the fee submission, but SWARD wanted to encourage her and therefore under a special Tatkal scheme, the fee of Rs. 3200/- was paid and Kamala appeared for the examination.

It is since the last eight months that Kamala came in contact with Prema. There is a new Kamala now, who radiates immense confidence when she tells people, "*Why should I die, I can make my life worthwhile. I will study further and help other positive people to move on in life*". A noteworthy development is that today Kamala, has become a positive speaker.

In the meantime, Kamala's husband approached the Gram Panchayat, as he wanted them to intervene to help him reunite with his wife. The staff of SWARD convinced the GP members that it was important to conduct the negotiations between the individuals and the families in private and not in the presence of the community. The GP refused to stop the public hearing, which compelled SWARD to seek police intervention. The GP was then forced to concede to the suggestion made by SWARD and held a private meeting in the SWARD office in May 2008.

Kamala is not keen to go back to her husband and is currently staying in the shelter home of SWARD. Unfortunately as she is still a minor, the Department of Women and Child cannot provide her shelter in the district. She is expected to go to the State Home that is 130 kms away. Kamala's health has also been deteriorating and she has been referred to Freedom Foundation for the treatment of Opportunistic Infections. Kamala continues to radiate hope in leading a healthy life ahead.

Alternative Livelihood is Possible....

Poonam, a twenty-six year old married woman belongs to Ramanch village. After two years of her marriage, her husband started falling sic frequently and when he went for treatment, he was tested for HIV an found to be positive. Thereafter, when Poonam was tested for HIV, she wa diagnosed as positive. When her in-laws and husband learnt about Poonam' positive status, she was abandoned and sent back to her mother's house. He health began to deteriorate rapidly and it was her mother who cared for her One of the SHG members in the village who had been sensitized by the SWARD's HIV and AIDS mainstreaming programme, identified Poonam and through SWARD arranged home-based counseling for her. Poonam was already in the AIDS stage and was earning her living by rolling beedis The hazardous nature of this occupation further deteriorated her health.

A meeting was held among SWARD staff, SHG members, Poonam and her mother to identify what could be an alternate livelihood option suitable to her health condition. After exploring various options, Poonam and her mother decided to take up vegetable vending. The SHG gave them Rs.3000/- as seed money to start vegetable vending. At present, Poonam has given up beedi-rolling and was able to enhance her income through vegetable-vending. Earlier, she used to earn Rs. 20/- after putting in 14 to 16 hours of back-breaking beedi rolling while now she earns about Rs. 30/- by selling vegetables for half a day's work, till afternoon. SWARD has been providing two kgs of nutrition booster (mix of nine millets/cereals) every month to Poonam through its Anti-Trafficking programme. Poonam is cared for by her mother.

Poonam was earlier referred to Osmania hospital for ART which is 130 kms from her village. SWARD wrote a letter to APSACS and requested the concerned officials to allow her to take ART at Karimnagar which is 60 kms from her village. APSACS agreed to the request and Poonam is now taking ART at Karimnagar.

SHG - the Guiding Spirit Once Again.....

SWARD has promoted a Village Development Committee (VDC consisting around 20 members including Panchayat Sarpanch, RMP, Anganwad worker, SHG leaders, youth leaders, teachers and village elders. All the members of VDC have been sensitized to issues related to HIV and AIDS. The RMP had also attended the sensitization programme and he referred Selvi, a widow and resident of Ramancha village who had lost her husband as a result of AIDS five years ago, to SWARD for counseling. Selvi

had no children and was living with her parents. She was provided continuous counseling by the Counseling Centre of SWARD and this has helped her to cope and to terms with her HIV status. It has helped her gain confidence to live life more positively. Selvi was rolling beedis, but as this is harmful to her health, she wants to discontinue and explore alternative source of livelihood. For this she has requested SWARD for a loan of Rs.2000/- for vegetable vending, which SWARD has agreed. Her father assists her to fetch vegetables from the market, which reduces her physical stress. Selvi has also developed a kitchen garden in front of her house where she grows beans, onions, spinach, vegetables etc. Her health has improved because of the nutritional booster provided regularly by SWARD.

SWARD's Interventions towards External Mainsteaming of HIV and AIDS

- *Sensitization on HIV and AIDS to different stakeholders (Panchayat, VDCs, SHGs, RMPs, Youth, Anganwadi workers and others) through its Women's Empowerment and other Programmes*
- *Regular interaction and Coordination with SHGs, Youth, VDCs, RMPs and others who refer PLHIV to SWARD for counseling, care and support*
- *Provision of Home-based counseling to PLHIV and the family through the Counseling Centre which deals with the cases of violence against women*
- *Regular counseling support to PLHIV and the family members*
- *Referral linkages with doctors and hospitals for OI treatment*
- *Support for suitable livelihoods which is less labour-intensive (goat and milch animals)*
- *Assistance and support to alternate cultivation which is less labour-intensive (vegetables, flowers growing etc) to make the land productive again to sustain the family needs*
- *Membership and other possible opportunities (loan for suitable livelihoods) in SHGs to PLHIV*
- *Encouraged discussions on sex and sexuality related issues, prevention of STIs etc in adolescent forums*
- *Placing question boxes with SHGs, adolescent girls forums and GPs etc and addressing the questions in various meetings to provide information and clarity on issues related to HIV and AIDS*
- *Created community support to PLHIV and addressed stigma and discrimination*
- *Created and ensured family support to PLHIV (emotional and livelihoods)*
- *Linkages with other programmes to provide nutritional support of 2 kgs every month and kitchen garden to ensure nutritional security*
- *Linkages with APSACS and making ART available at nearby hospital*

Sold, Infected - Yet Braving it Through!

Chandra, a resident of Malaipur Panchayat, Kadiri mandal in Anantapur lost her father when she was six years old. Her mother had no source of livelihood and therefore left Chandra with her brother in Kerala and then returned to her village. Chandra lived with her uncle till she was thirteen. Her uncle took her to Mumbai on the pretext of visiting the Kalahasti temple near Tirupati. He then sold her for Rs.10000/- in a red light area. The person

who had bought Chandra looked after her well for few days and thereafter forced her into prostitution.

After living for three years in Mumbai, Chandra received a message that her mother was unwell. She returned to her village in Andhra Pradesh and stayed with her ailing mother for next two years till her mother expired. Soon Chandra got married to a widower from the same village. .

REDS, an NGO conducts awareness camps in the villages on women's issues, women's rights and on HIV and AIDS. Chandra used to attend the meetings when she was pregnant. During one such meeting, the NGO staff observed that Chandra was not keeping well and was referred to the Counseling Centre of REDS.

After a few counseling sessions, Chandra narrated her experiences in Mumbai where she was forced into prostitution. The counselor from the Counseling Centre of REDS thereafter referred her to the VCCTC and she was tested HIV positive. Chandra's husband was an alcoholic and after counseling he was also referred to the VCCTC and tested positive. The NGO staff referred Chandra to PPTCT Centre for treatment where she delivered a baby girl who was tested negative for HIV. Chandra continues to seek support from the REDS organization NGO, including nutritional support for herself and advice for child care.

Bopanna Continues His Education!!!

Bopanna, a six year old boy, hails from Pulogompalli Panchayat in Nallamac Mandal. His family had migrated to Kadiri in search of employment. Du to the ill health of his parents who kept falling sick often, the family wa forced to return to their village. Both his parents died soon after returning t the village. After the death of his parents, Bopanna was being cared for b his grandmother.

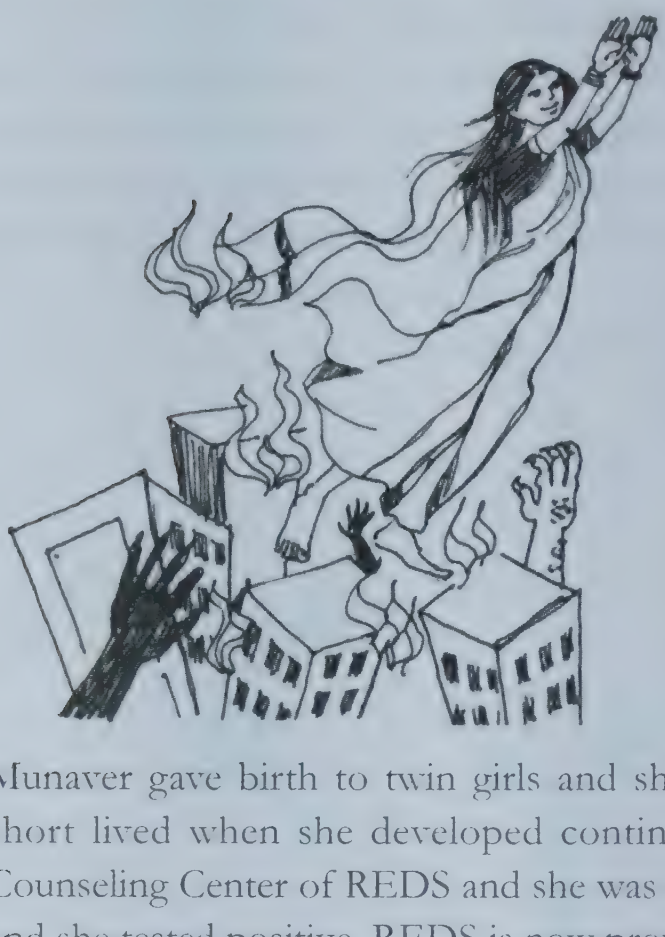
REDS, an NGO, was involved in awareness building activities on HIV an AIDS in the village. Bopanna's grandmother used to attend these meeting regularly. During one such meeting, she shared with the staff members o REDS about her grandson and requested them to get Bopanna admitte into a bridge school run by REDS. Bopanna was unable to attend schoo regularly as he used to fall sick often. The staff members discussed Bopanna'

sickness with his grandmother and after receiving her consent, Bopanna underwent the HIV test and he was detected positive. When Bopanna had reached a level of literacy appropriate to his age, then the staff members of REDS got the child admitted to a government school close to his home Unfortunately he faced stigma and discrimination in the school. Also his grandmother was unable to take care of him as there were six others in the family dependent on her.

REDS extended support to the grandmother through its livelihoods programme and made them a beneficiary for 20 kg rice and 2 kg dal every month. Bopanna is also being given nutritional support. REDS created linkages with other service providers who supply nutritional and medical support. Since Bopanna continued to face stigma and discrimination at school, REDS conducted a sensitization programme on HIV and AIDS in the school which helped the teachers and children to become sensitive to Bopanna's needs. Now, the boy does not face the same extent of stigma and discrimination as was earlier. This has helped him build his confidence and pursue his studies like other normal children of his age.

Escape from Prostitution....

Sheikh Munaver Jaan, a 23 year old woman lives in Pulamgonpalli village Nallamada Mandal. She is the second wife of Mastaan Ali. Munaver Ja was a child bride when she first was married at the age of 15 to a man w earned Rs.50/- a day. This income was not adequate to meet the fami demands. A neighbour therefore convinced Munaver that she could ea lots more through domestic work at Mumbai. Munaver was tempted a gave Rs.3000/- to the neighbour to take her to Mumbai. Initially, Muna



lived with this lady in Mum for fifteen days and was th sold to another lady who forc Munaver into prostitution.

Munaver escaped from t prostitution trap after six yea and returned to her village. S came in contact with REDS a became a member Samarakshan Committee REDS in the village. It was he that she married Mastaan Ali tailor, who was twenty yea older to her. In due cour Munaver gave birth to twin girls and she was happy. Her happiness w short lived when she developed continuous fever. She approached th Counseling Center of REDS and she was counseled to undergo an HIV te and she tested positive. REDS is now providing her with nutritional suppo and she has been linked with the NREGA for employment.

RED's Interventions towards External Mainsteaming of HIV and AIDS

- *Awareness and sensitization on HIV and AIDS in the villages on women's issues/ rights and HIV through different programmes of REDS*
- *Staff played proactive role in identifying PLHIV*
- *Counseling to PLHIV and family members*
- *Continuous counseling and support and also advice on child care*
- *Referral linkage to VCCTC and PPTCT Centres*
- *Linkages with service providers to get the nutritional and medical support to PLHIV*
- *Linkages with NREGA for suitable employment*
- *Ensuring educational support to the child infected with HIV and created family support for the child*
- *Appropriate livelihoods support to the PLHIV*

PRIs Take Responsibility

Salim, a resident of Masakawanka GP, Nallamada Mandal, Anantap District died as result of AIDS in August 2005. He leaves behind his H positive wife and two young children. The family had no financial suppo or income generation options after Salim's death.

Jana Jaagriti, an NGO working in Anantapur District of Andhra Prades had sensitized the Gram Panchayat members on Mainstreaming HIV a AIDS Interventions, as a part of their Panchayati Raj Initiatives Programm They had also distributed pamphlets on the role of Panchayati R Institutions in mainstreaming HIV and AIDS and other IEC materia prepared by APSACS to all the elected representatives. As a result of th

sensitization programme, the GP had committed to support people infected and affected by HIV and AIDS.

When the GP learnt about the desperate situation of Salim's family, the Sarpanch and Ward Members decided to extend their support to the family. They met the Collector, District Panchayat Officer (DPO) and the District Medical Officer. Their persistence in seeking assistance for Salim's family yielded results when the family was given Rs.30000/- and 50 kgs of rice.

Unfortunately Salim's wife died in February 2008, leaving behind a 12 year-old daughter and a nine year old son. The GP, Sarpanch and the Ward Members, again approached the District Collector with a request to support the children's education. The Collector agreed to support the children's education, and ensured that they were readmitted in the school. The Ward Members augmented the government's effort by collecting Rs.5000/- from the village people and handed over the amount to the grandmother of the children. The children are now living with their grandmother and continuing their education.

Jana Jaagriti's Interventions towards External Mainsteaming of HIV and AIDS

- *Sensitization on HIV and AIDS to the panchayat elected representatives*
- *Dissemination of IEC materials to elected representatives on HIV and AIDS*
- *Linkages created with APSACS for IEC materials and also for participation in campaigns on HIV and AIDS*
- *Created commitment from the GP members towards care and support to PLHIV*
- *GP approached the Collector and other officials for monitory assistance and rice to the PLHIV's family*
- *GP again approached the Collector for children's education*
- *GP mobilised monitory support from the community for children's education*
- *Children were ensured the family support*

Mainstreaming HIV and AIDS through PRIs

MARI, an NGO in Warangal district of Andhra Pradesh is mainstreamin HIV and AIDS through its Panchayati Raj Initiatives Programme. As part capacity building of elected representatives MARI organized sensitizatio programme on HIV and AIDS and distributed IEC materials on HIV an AIDS to the GP members (in Kothur, Bandanpalli, Illanda, Ichitand Annarum and Murupalli GPs). Sensitisation programmes were als conducted for the community during the gram sabha meetings. A decisio was taken to discuss and address HIV and AIDS related issues in every gra panchayat meeting and in gram sabhas.

The Gram Panchayats in these villages have also actively participated in the programmes organized by APSACS (like B Bold Campaign, AASHA, World AIDS Day, etc.,) in creating awareness on HIV and AIDS at the community level. They have encouraged the communities to go for voluntary testing and also to approach MARI for any further advice and counseling. The GPs were instrumental in forming Village Development Committees (VDCs) with the support of MARI which function as Resource Cells in the villages.

The VDCs have identified youth (both women and men) as resource persons who can provide timely and correct information and guidance to the community. Forty PLHIVs were identified in these six villages, of which twelve were unwell and died. The Mutually Aided Cooperative Society (MACS) extended financial support to the remaining 28 PLHIV towards their livelihoods ranging from Rs.3000/- to Rs.5000/- depending upon the kind of requirement such as fruit and vegetable vending, laundry, setting up petty shop, etc.

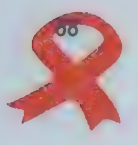
The GPs also gave priority to the PLHIV in accessing the Anthyodaya Scheme of the government (20 kg of rice every month), widow pension and other programmes. The GPs along with VDC members have given a memorandum to the Collector to organize ICTC camps in the villages since many came forward for voluntary testing. The GP also requested the Collector to come out with schemes to help the PLHIV for their livelihoods.

The PLHIV were linked to the District Positive Network and the network has petitioned to the Collector for necessary help. The PLHIV were also linked to LODI (an NGO) in Warangal where they get dal (1kg), rice (5 kg), oil (1 kg) and Rs.50/- as conveyance once in 15 days. MACS members also collected rice and gave it to three PLHIV who are poor.

The GPs in Kothur and Bandanpalli passed a resolution in the gram sabha that a condom outlet should be set up in GP office. The condoms are supplied by MARI extension workers to the GPs.

MARI's Interventions towards External Mainsteaming of HIV and AIDS

- *Sensitization on HIV and AIDS to the Gram Panchayat members*
- *Sensitization to the communities during gram sabha meetings*
- *Linkages with APSACS for campaigns and IEC materials on HIV and AIDS*
- *Linkages with MACS for livelihoods support to PLHIV*
- *Supplied condoms to the condom outlets established by GP by creating linkages with other programmes of MARI*
- *Counseling to PLHIV and families*
- *Facilitated towards formation of VDC and Resource Cells by GP*
- *Identification of PLHIV by volunteers with the support of VDC and GP members*
- *GPs promoting voluntary HIV test*
- *Created linkages for PLHIV to access government schemes and programmes*
- *Linkages with positive network*
- *Linked with other service providers like LODI*
- *GP passed a resolution to have a condom outlet in GP office*



Panchayat Action and Support ....

Valiamma with her family is residing in Basavapalle Gram Panchayat of Gudipala Mandal of Chittoor district. Her husband was a petty trader selling cloths in the vicinity of the panchayat. He died as a result of AIDS and left behind Valiamma and five children. Soon after his death, Valiamma fell sick for a long period and to her dismay tested positive for HIV. Valiamma was scared to disclose her HIV status and suffered in silence. There was no one to support her emotionally and financially.

Thavamani, a woman elected member of Mandal Parishad Territorial Constituency (MPTC) came to know about Valiamma and referred her to the Village Health Committee formed by the Panchayat with the support of

an NGO, SHARP. This Committee consists of Sarpanch, Ward Members Women Self-Help group Members, Village Health Worker and Registered Medical Practitioner. This Health Committee organizes regular interactive training and orientation on Mainstreaming HIV and AIDS Interventions to the communities with the help of SHARP.

The Health Committee of the Panchayat discussed about Valiamma and her situation. At the outset, it referred Valiamma for counseling. After undergoing counseling, with the help of the health worker, Valiamma has taken her five children for HIV test. The last child was tested positive.

The Panchayat gave a priority to Valiamma and helped in getting widow pension sanctioned and advised the village health worker to give special care to her and child. The Panchayat also negotiated with the women's group and arranged for a loan to Valiamma to start a petty business in the village. The Panchayat in collaboration with SHARP organisation, which is Mainstreaming HIV and AIDS Interventions through the Panchayat Raj Institutions has created a linkage for Valiamma with a supporting agency known as' Tamil Nadu Christian Council'. Valiamma and her children are now living a normal and peaceful life.

SHARP's Interventions towards External Mainsteaming of HIV and AIDS

- Sensitization on HIV and AIDS to different stake holders including the GP members
- Regular interaction with the stakeholders on the issues related to HIV and AIDS
- Formation of Health Committee to deal with the issues related to HIV and AIDS
- Counseling to PLHIV and families
- Accompaniment to VCCTC
- Created linkages for PLHIV to access widow pension schemes
- Linkages with SHG for suitable livelihood support
- Linked with other service providers like Tamil Nadu Christian Council

'A New Lease of Life'

Sarojini, a 28 year old woman was married to Bijay, a resident of Beltikiri Post, Sadar Police Station of Dhenkanal district, Orissa in 2002. After few days of marriage, Sarojini left for Mumbai with her husband, who was working there as a driver. Even though Sarojini and Bijay were not very well off economically, they were happy. Six months after the marriage, Bijay started falling sick frequently and he was unable to go to work regularly. His health deteriorated rapidly and he was admitted in the hospital. After he recovered, Bijay returned to his village to be with his family. His health however, continued to deteriorate and he had to be hospitalized again. He was admitted to the Dhenkanal Hospital. When his health did not improve, he was referred to Cuttack Hospital where he was tested for HIV and found to be positive. The doctors informed that he was already in the AIDS stage and

despite their best efforts he died in 2004 leaving behind a wife and a young child.

Soon after Bijay's death, people came to know of his HIV status and blamed Sarojini for his death. She was harassed by the family and neighbours especially by her brother-in-law, which had driven her to the point of contemplating suicide, and killing her child. The only person who supported Sarojini was her husband's friend, Bulu Dora who ensured and gave her the moral strength to cope with the situation. He worked as a daily wage labourer and often missed his daily wage work as he helped Sarojini and her child. Bulu Dora soon developed an emotional bonding for Sarojini and wanted to marry her.

People were very hostile about Bulu Dora's support to Sarojini and her little child. The community ostracized Sarojini and the child, who was not allowed to play with other children in the village. Sarojini underwent physical and metal trauma and was unable to face the stigma and discrimination any longer meted out by her in-laws, Bulu's family and the community. This situation brought Bulu and Sarojini closer and they married secretly and started living together.

ISWO is an NGO working on women's rights and enhancement of their livelihoods in Dhenkanal district and not involved directly in HIV related activities. When Bulu and Sarojini heard of their work, they approached one of the NGO staff about their problems. The NGO staff had a series of meetings with the families of Sarojini, Bijay and Bulu and encouraged Sarojini to raise her voice to re-establish and claim her right to reside in her own village. The staff also warned the families that they would take legal action if they continued to harass Sarojini and Bulu.

The staff realized the need to sensitise the community on HIV and AIDS and therefore conducted a street play and a group meeting in the village,

despite the fact that the village was not under the NGOs operational area. The SHG members of that village helped to organize the sensitization program and the staff have continued to do the follow-up.

Sarojini and Bulu are living happily with their children in their own house and are gradually being accepted by the community at village gatherings. Sarojini and Bulu have begun to take active part in sensitization programs on HIV and AIDS and share their experiences, as peer educators. ISWO has also extended financial assistance of Rs.4000/- to Sarojini and Bulu to start a small grocery shop as a livelihood support initiative.

ISWO's Interventions towards External Mainsteaming of HIV and AIDS

- *Willingness and commitment of the organization to take up issues related to HIV and AIDS*
- *Continuous moral support to the affected family*
- *Ensured the right to reside and life of a woman affected by HIV and AIDS*
- *Sensitization to the community on HIV and AIDS*
- *Involving SHGs in the sensitization to ensure community support*
- *Involving the affected families as peer educators in the sensitization programmes on HIV and AIDS*
- *Livelihoods support to the affected family members*

Abbreviations

AASHA	AIDS Awareness and Sustained Holistic Action
AIDS	Acquired Immune Deficiency Syndrome
ANMs	Auxiliary Nurse Midwifery
AP	Andhra Pradesh
APSACS	Andhra Pradesh State AIDS Control Society
ART	Anti Retroviral Therapy
BCC	Behaviour Change Communication
CBOs	Community Based Organisations
DPO	District Panchayat Officer
GO	Government
GPs	Gram Panchayats
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counseling and Testing Centre
IDUs	Injecting Drug Users
IEC	Information, Education and Communication
ILO	International Labour Organisation
ISWO	Indira Social Welfare Organization, an NGO in Dhenkanal District, Orissa
LODI	An NGO in Warangal District, Andhra Pradesh
MACS	Mutually Aided Cooperative Society (MACS)
MARI	Modern Architects of Rural India, an NGO in Warangal District, Andhra Pradesh
MPTC	Mandal Parishad Territorial Constituency
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme

NCA	National Council on AIDS
NGO	Non-government Organization
NREGA	National Rural Employment Guarantee Act
PLHIV	People Living with HIV
PPTCT	Prevention of Parent to Child Transmission
PRIs	Panchayati Raj Institutions
REDS	Rural and Environment Development Society an NGO in Anantapur District, Andhra Pradesh
RMP	Registered Medical Practitioner
SACS	State AIDS Control Society
SHARP	Society for Help and Action for the Rural Poor, an NGO in Chittoor District, Andhra Pradesh
SHGs	Self Help Groups
STIs	Sexually Transmitted Infections
SWARD	Society for Women's Awareness and Rural Development, an NGO in Medak District, Andhra Pradesh
UK	United Kingdom
UNAIDS	Joint United Nations Programme on HIV and AIDS
VDCs	Village Development Committees
VCCTC	Voluntary Confidential Counseling and Testing Centre
UNICEF	The United Nations Children's Fund

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